

*"Sobriety is abstinence from addictive drugs plus abstinence from compulsive behaviors, plus improvements in bio-psycho-social health."*

*— Terence Gorski , "Staying Sober"*

Addiction is a life-long chronic disease which requires ongoing management and re-evaluation as one's needs change and progress occurs. "My Integrated Relapse Prevention Plan" represents my commitment to my sobriety. It is my comprehensive plan to respond promptly and effectively as warning signs to relapse emerge.

The relapse syndrome can be subtle and unconscious and often involves changes in thoughts, emotions, and personality that occur before loss of control. Relapse does not solely refer to the consumption of drugs or alcohol, but begins long before substance use. Therefore, a comprehensive and proactive plan is required to support ones' recovery.

## BIO

Health Status:

I last had a comprehensive physical with blood work by my primary care doctor \_\_\_\_\_.

My doctor made the following recommendations in support of my health and recovery including:

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I am compliant with my doctor's directives concerning medication and take medications as prescribed and follow-up with my doctors as required. I am prescribed the following medications:

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I informed my doctors (Primary Care, Psychiatrist, Dentist, and or specialist) via letter that I have an addiction and that I am not to be prescribed addictive or craving-prompting medications. I have attached copies of these letters for my clinical file at Integrated Treatment Solutions.

List three things that you can do to support your health as your body recovers from addiction (diet, exercise, and sleep, etc.).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Psycho

List three things you can do to manage your stress level (breathing exercises, meditation, stretching, etc)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List three of your most significant fears or what you find to be most stressful about life.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List your internal triggers to relapse. These may include feelings, moods, thoughts and or physical sensations in your body.

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List external situations and or events which trigger your desire to use. These may include events, specific social interactions, relationships and the like.

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## Social

Do you have a sponsor or mentor/ someone who has been sober and has done the therapeutic work, Step Work and / or other step recovery processes?

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In what type of "Self-help" are you engaged (AA/NA, Smart recovery, Women for Sobriety, etc.)?

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How often do you attend such meetings?

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Do you have a list of three to five sober contacts that you can call if vulnerable to relapse?

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To protect anonymity maintain a separate list to have on hand in times of need. If not, it is important that you develop one.

What types of sober activities do you engage in to provide social connection and safe recreation?

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If family and social gatherings are triggers for you what is your plan to stay sober and safe in such environments?

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***The signatures below support the commitment to this plan.***

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Integrated Treatment Solutions

Date

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Participant

Date